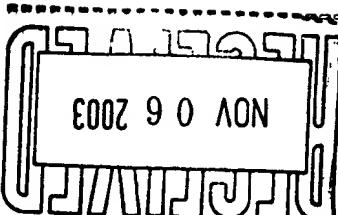




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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/897,826
Filing Date	03 July 2001
First Named Inventor	Stephen M. REUNING
Group Art Unit	2175
Examiner Name	Samuel RIMMEL, Esq.
Attorney Docket Number	Diedre Moire Corp.

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

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OCT 29 2003

Technology Center 2100

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pharmaceutical Patent Attorneys, LLC Pohl & Assoc.
Signature	
Date	See below date

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	Mark POHL, Reg. No. 35,825
Signature	
Date	22 Oct. 2003

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		Group Art Unit	2175
		Examiner Name	Samuel RIMELL, Esq.
Total Number of Pages in This Submission		Attorney Docket Number	Diedre

ENCLOSURES (check all that apply)

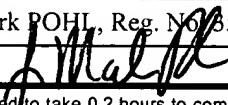
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Courtesy copy of previously filed Appeal Brief. Please deliver to Examiner RIMELL.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pharmaceutical Patent Attorneys, LLC Pohl & Assoc.
Signature	
Date	See below date

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Typed or printed name	Mark POHL, Reg. No. 35,325
Signature	
Date	26 Feb 2003

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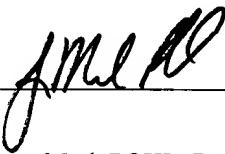
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Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office **(703) 746 - 7239**

on 26 Feb 2003

Date



Signature

Mark POHL, Reg. No. 35,325

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

The submitted papers are enumerated on the enclosed Transmittal Form,
PTO Form SB/21.

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/897,826
		Filing Date	03 July 2001
		First Named Inventor	Stephen M. REUNING
		Group Art Unit	2175 <i>COP</i>
		Examiner Name	Samuel RIMELL, Esq., MBA
Total Number of Pages in This Submission		Attorney Docket Number	Diedre

ENCLOSURES (check all that apply)

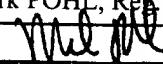
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark POHL, Reg.35,325, Pharmaceutical Patent Attorneys
Signature	
Date	See below date

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Typed or printed name	Mark POHL, Reg. No. 35,325
Signature	
Date	19 Nov. 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 320.00)

Complete if Known

Application Number	09/897,826
Filing Date	03 July 2001
First Named Inventor	Stephen M. REUNIG
Examiner Name	Samuel RIMELL, Esq., MBA
Group Art Unit	2175
Attorney Docket No.	Diedre

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number _____

Deposit Account Name _____

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	0.00
106	330	206	165	Design filing fee	0.00
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)				(\$ 0.00)	

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
0	-20** =	0	0	9.00	0.00
6	- 3*** =	3	3	42.00	0.00
					0.00

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description		
103	18	203	9 Claims in excess of 20		
102	84	202	42 Independent claims in excess of 3		
104	280	204	140 Multiple dependent claim, if not paid		
109	84	209	42 ** Reissue independent claims over original patent		
110	18	210	9 ** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)				(\$ 0.00)	

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath	0.00
127	50	227	25 Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139	130 Non-English specification	0.00
147	2,520	147	2,520 For filing a request for <i>ex parte</i> reexamination	0.00
112	920*	112	920* Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action	0.00
115	110	215	55 Extension for reply within first month	0.00
116	400	216	200 Extension for reply within second month	0.00
117	920	217	460 Extension for reply within third month	0.00
118	1,440	218	720 Extension for reply within fourth month	0.00
128	1,960	228	980 Extension for reply within fifth month	0.00
119	320	219	160 Notice of Appeal	160.00
120	320	220	160 Filing a brief in support of an appeal	160.00
121	280	221	140 Request for oral hearing	0.00
138	1,510	138	1,510 Petition to institute a public use proceeding	0.00
140	110	240	55 Petition to revive - unavoidable	0.00
141	1,280	241	640 Petition to revive - unintentional	0.00
142	1,280	242	640 Utility issue fee (or reissue)	0.00
143	460	243	230 Design issue fee	0.00
144	620	244	310 Plant issue fee	0.00
122	130	122	130 Petitions to the Commissioner	0.00
123	50	123	50 Processing fee under 37 CFR 1.17(q)	0.00
126	180	126	180 Submission of Information Disclosure Stmt	0.00
581	40	581	40 Recording each patent assignment per property (times number of properties)	0.00
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179	740	279	370 Request for Continued Examination (RCE)	0.00
169	900	169	900 Request for expedited examination of a design application	0.00
Other fee (specify) _____				0.00
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 320.00)

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Mark POHL, Esq.	Registration No. (Attorney/Agent)	35,325 Telephone (973) 665-0275
Signature	<i>Mark Pohl</i>	Date	19 Nov. 2002

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